

**THE OFFICE OF THE
INSPECTOR GENERAL**

DMHMRAS

SNAPSHOT INSPECTION

HIRAM W. DAVIS MEDICAL CENTER

Anita Everett, MD

Inspector General

OIG Report # 38-01

EXECUTIVE SUMMARY

This document reports on the findings associated with a snapshot inspection. Snapshot inspections are unannounced inspections designed to view at a point in time the basic functioning of a facility. Items reviewed include general condition of the facility, numbers of staff present, activity and condition of patient as well as any other relevant observations made while touring a facility. In addition to what has become a traditional snapshot inspection, the opportunity was also taken to follow up and review progress made on commitments HWD made to OIG in response to previous OIG inspections.

In general the facility was found to be in good condition. This is despite ongoing renovations that include the building up of previous pony walls as specified by the federal government through HCFA. The facility has made a number of significant improvements in access to professional staff including rehabilitation professionals as well as medical and psychiatric professional staff. These are quality of care upgrades that are of clear and obvious benefit to the direct care and experience of patients residing within this facility.

FACILITY:

Hiram W. Davis Medical Center

Petersburg, Virginia

DATE:

February 12, 2001

TYPE OF INSPECTION:

Unannounced Snapshot Inspection

REVIEWERS:

Cathy Hill, M.Ed.

Laura Stewart, LCSW

REVIEW ACTIVITIES:

A tour of several treatment units was conducted, clinical records were reviewed, and interviews conducted with staff.

AUDIT BACKGROUND INFORMATION

The purpose of this Snapshot Inspection was to conduct an inspection in four main review areas. These including the general condition of the facility, staffing patterns and issues, the activity of the patients and a review of some of the performance improvement initiatives undertaken by the facility as outlined in plans of correction as submitted in response to previous OIG inspection reports.

This unannounced inspection began with a tour of the facility. Interviews were conducted with staff. Sections of six clinical records (four active records and two records of discharged patients) were reviewed with a focus on treatment planning, the integration of psychiatric and medical care and documentation of rehabilitation services. Administrative staff was interviewed with a focus on the facility's progress towards performance initiatives identified in previously submitted in response to Office of Inspector General inspection reports.

Hiram W. Davis Medical Center (HWDMC) is the only state-operated freestanding medical center. Although most of the referrals for care come from Central State Hospital and Southside Virginia Training Center (the two facilities in Petersburg that share the same campus as HWDMC), the facility serves patients from across the Commonwealth. This eighty-bed facility provides skilled, intermediate and acute care services. Sixty beds are certified for skilled nursing care, therefore the majority of persons served are in need of very intensive nursing services. On the date of the inspection, the census of the facility was sixty-eight.

GENERAL CONDITIONS OF THE FACILITY

Finding 1.1: The facility is currently under renovation.

Background: The federal Health Care Financing Administration, HCFA, through Medicare regulations mandated that “pony walls”, be altered so as to fully enclose each room. This involved extending partial walls to the ceiling. Prior to this change the "pony walls" were about four feet from the floor. There are typically four beds to each room or “social”. Renovations on the third floor have been completed. Renovations to the second floor are underway. Although this project was scheduled for completion by December 2000, it was delayed due to additional revisions made by the State Fire Marshall.

In spite of this project, the building appeared clean and well maintained. It was evident that the administration had followed a plan during this remodeling to safeguard patients and minimize disruption to their schedules and lives. Staff interviews revealed that the facility planned to proceed with previously identified decorating plans to foster a more home like environment, once the renovations have been completed. Although initially resistant to the proposed changes because of concerns that eliminating the pony walls would decrease stimulation and staff ability to observe and monitor patients, those interviewed report being pleased with the new arrangements. While still providing opportunities for observation the floor to ceiling walls afford reduced noise and do provide residents with greater privacy.

Recommendation: None. We look forward to seeing the completed project.

Finding 1.2: New main entrance doors have been installed.

Background: The facility has installed automatic security doors at all external entrances. Staff seems to appreciate the higher level of security that this provides. Overall, the review team recognized an increased awareness of proper security measures, which had not previously been evident.

Recommendation: None. This addition increases security for patients and staff.

STAFFING ISSUES

Finding 2.1: Staffing levels for nursing have been increased.

Background: Additional funding for nursing positions was allocated to address concerns about previous staffing levels. As a result, the Nursing Department has added two Registered Nurse (RN) and twenty-two Certified Nurse Assistant (CNA) positions. There is ongoing difficulty recruiting evening shift CNA's, but hiring has been completed

for other shifts. These new hires, coupled with the initiation of an additional contract with an agency that provides a pool of nurses for coverage has reduced the need for mandatory overtime. HWDMC does still allow for voluntary overtime but within prescribed weekly limits as supervised by the Director of Nursing.

Recommendation: Monitor the use of voluntary overtime practices and continue to actively recruit the staff needed for coverage for these high need patients.

Finding 2.2: Access to a consulting psychiatrist is greatly improved for these patients.

Background: To address the psychiatric needs of the long term Hiram Davis patients, a contract psychiatrist has been hired. Hiram Davis is particularly fortunate to have acquired this particular psychiatrist, Dr. Ross. He has experience in working with chronically mentally ill patients through experience at Central State Hospital. Additional to this he has specialized training in the diagnosis and treatment of movement disorders and other complications associated with the administration of long-term psychiatric medication. This is a particular need for the patients served by HWDMC, who are very medically frail and unable many time to express complaints about their conditions. Since July 2000, his contract hours have increased from four to twelve hours per week. In addition to medication management, Dr. Ross attends treatment team meetings and provides informal education to staff regarding patient management.

Recommendation: None.

Finding 2.3: Patients temporarily transferred for medical care from the neighboring psychiatric facility, Central State Hospital, have improved continuity of care through clarification of the ongoing relationship with the CSH psychiatric attending.

Background: Record reviews demonstrated that the CSH attending psychiatrist follows individuals transferred to HWDMC from Central State Hospital. Weekly consultation notes were in each chart reviewed. A new form has been developed for documentation, which allows for the information to be available to staff at both facilities. This validates the staff impression of improved integration of psychiatric and medical care for these patients.

Recommendation: None. This together with finding 2.1 demonstrate enhanced access to an appropriately integrated treatment team for these individuals.

Finding 2.4: The facility has recently hired an additional internist.

Background: The facility has recruited and hired a board-certified internist in November of 2000. The use of temporary contract physicians has been able to be discontinued as a result. Staff report that this addition has been beneficial for patient care. Overall, this facility now has three full time medical doctors including the Medical Director. Staff interviews and record reviews demonstrate a high level of medical oversight that is multi-disciplinary.

Recommendation: None.

ACTIVITY OF THE PATIENTS

Finding 3.1: HWDMC has implemented integrated Department of Rehabilitative Services under the supervision of the Director of Nursing.

Background: Within the last year the facility established a rehabilitation services unit consisting of speech, occupational, physical and recreational therapies. This was to promote and encourage teamwork in providing both needs assessment and rehabilitation for these challenging patients.

Information provided by the facility outlines the availability of physical therapy (PT) services five days per week. Among some of the services provided by the team of three consulting licensed Physical therapists and three aides are balance coordination training, mobility training and therapeutic exercise. Occupational Therapy services are also provided five days per week by two licensed therapists and a certified OT assistant. Efforts by these two divisions have increased the amount of time patients are able to be out of their beds. A licensed Speech-Language therapist provides 20 hours of services over three days per week at the facility. Among the services provided are speech and swallowing evaluation and subsequent therapy.

Two certified recreational therapists and two activity assistants provide therapeutic recreational services.

The increased availability of these rehabilitation staff is very exciting and promising for these patients. The majority of patients served by this facility have in the past been essentially bed bound. Many of these folks are not able to ambulate and move without significant staff intensive assistance. Having these patients all lined up and neatly tucked in their beds is an efficient institutional method for providing for physical needs. Being able to work intensively with each individual so that he is able to achieve his own personal best at self-determination in movement and engagement in activities of living, etc. is wonderful. For years, the patients fortunate to have been placed at HWDMC have been well maintained and cared for, the additional focus on a rehabilitative department coupled with a clear administrative priority being placed on the simple idea of getting these folks up and out of bed will move the quality of care experienced by patients at this facility to a greater level.

Recommendation: None. We look forward to following the progress of the rehabilitation active unit and its impact on patient care.

Finding 3.2: Patients are provided with opportunities to participate in a range of activities both in-house and out in the community.

Background: Staff interviews describe a variety of activities available for all of these patients, based on individual need. Activities are available during day and evening shifts as well as on holidays and weekends, as appropriate by the therapeutic recreation services division. Services are designed to offer the most appropriate level of stimulation for an individual, with an effort to increase out of bed activity. However, in the case of a person who is confined, bedside interventions are made available. The administration has purchased a specialized wheel chair lift equipped van for use by this team to use for increased community activities.

Outings are offered at least twice at week and have included such places or events as the Richmond Zoo, the Circus and concerts in Maymont Park.

Recommendation: None. Continue to offer these useful activities.

REVIEW of PROGRESS TOWARD PREVIOUS OIG RECOMMENDATIONS

The Office of the Inspector General has conducted two previous inspections at this facility. One purpose of this review was to assess the progress made by HWDMC in addressing the recommendations from the previous visits. In fact, it appears as though the facility administrative staff utilized the prior feedback to facilitate considerable change in several areas that have positively influenced patient care.

As noted above, this facility was successful in working through DMHMRSAS to obtain funding for additional, and much needed, nursing staff. They have already put these resources to use in the most critical areas and have overall reduced the mandatory overtime levels that were previously creating disgruntlement with staff. While they continue to experience recruitment problems on the evening shift for CNA staff and are planning to use additional funding next fiscal year to increase RN coverage, attention is clearly being paid to these issues and staff are working to effectively solve them. Another related improvement has been the development of an Integrated Patient Services Unit, which is under the supervision of the Director of Nursing. This team of rehabilitation specialists appears to have become vital components of the daily treatment process for all patients and an obvious increase in patient activity and mobility was noticed on both floors. The additional access to a psychiatrist to work with the skilled nursing patients, and the formalized, consistent involvement of the Central State Hospital attending psychiatrist to follow patients temporarily transferred to HWDMC are issues previously identified by OIG that have been followed through on to the benefit of patient care at this facility. HWDMC has developed a well-balanced multi-disciplinary team to care for these challenging patients. Staff orientation and annual training has been adjusted to provide increased training in major mental illnesses and in working with psychiatric patients in general. A competency exam is required. Other opportunities for formal and informal training of staff have increased.

Finally, the construction remodeling project is well on its way to completion and the staff seem to have done a fine job maintaining patient safety with minimal disruption of patient services through this time period. Staff willingness to overcome previous resistance to the elimination of the “pony walls” and to think creatively about how to reconfigure its operations in order to facilitate these structural changes, while also improving patient care, has resulted in a better quality of life for patients. Perhaps in time, the integrated service model, which has fostered improved teamwork and enthusiasm among direct care staff, will also facilitate better recruitment and retention of staff.